

**U.S. NAVAL AIR STATION, KEFLAVIK**  
**HOUSING APPLICANT STATEMENTS OF UNDERSTANDING**  
**ADDENDUM TO DD FORM 1746**

**NOTE:** This addendum must be completed, signed and returned prior to entry of application to the waiting list.

1. **Please check smoking requirement(s) applicable to be placed on the appropriate wait list:**

- a. \_\_\_\_\_ I am **not** a smoker, nor is anyone in my household (non-smoking wait list)
- b. \_\_\_\_\_ A member of my household **does smoke**. (smoking wait list.)
- c. \_\_\_\_\_ I would like to be placed on both the smoking and non-smoking waiting lists. If assigned to non-smoking quarters, I will abide by the following smoking policy:

**Smoking Policy: Smoking is not tolerated in non-smoking designated quarters. This pertains to sponsors, family members and guests. Smoking is prohibited in quarters, common areas, laundry rooms, storage rooms, bicycle rooms and at entryways. Violation of the policy may lead to non-judicial punishment, reassignment and/or reimbursement for the cost of carpet replacement, deep quarters cleaning and painting.**

2. **Is your spouse an active duty military member?**

Yes          No          (Circle one)

If so,

\_\_\_\_\_.  
Military Spouse Information (Name/SSN/Command)

3. **My gaining command's representative is** \_\_\_\_\_  
(Sponsor's Name)

\_\_\_\_\_.  
(Command)

\_\_\_\_\_.  
(Phone)

4. **I detach/will detach from my permanent duty station or temporary duty (lasting more than 20 weeks) on** \_\_\_\_\_. (This establishes your eligibility date on the wait list.)

5. **Do you have a waterbed?**

Yes          No          (Circle one)

6. **Do you have a pet?**

Yes          No          (Circle one)

**Please read and initial in spaces provided below. Sign and forward by mail or fax to:**

Mail:	U.S. Naval Air Station	Phone: Com	011-354-425-6123
	PSC 1003 Box 81	DSN	450-6123
	FPO AE 09728-0381		
		Fax: Com	011-354-425-2006
		DSN	450-2006

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\_\_\_\_\_ I certify that the family members listed on my Application for Assignment to Military Family Housing (DD Form 1746) are accompanying family members **who will reside with me for nine consecutive months or more each year.**

\_\_\_\_\_ **I understand that my housing assignment is mandatory and I can not decline my quarters assignment since all military personnel are required to live on base.** I also understand that quarters are small and my housing assignment is not made to accommodate the size of my furniture or any other personal desires but is based solely on family composition and entitlement as outlined in OPNAVINST 11101.13J and NASKEFINST 11101.13M.

\_\_\_\_\_ I understand that I may submit an exception to policy letter requesting relocation and relocation is based on availability of quarters as determined by the housing office. Approved relocations are contingent on a satisfactory housekeeping inspection and if I fail the inspection, I will not be allowed to relocate. Once relocation is approved, the housing office will assign designated quarters and I understand that if I decline the assigned quarters, I will be removed from the wait list and will not be eligible to reapply for relocation.

\_\_\_\_\_ I understand that having a waterbed or excess furniture does not guarantee assignment to a unit that will accommodate such. In these cases, it is recommended to store the waterbed or excess personal possessions in CONUS.

\_\_\_\_\_ I am aware that housing in Keflavik is multi-family and nearly all is stairwell living contains between four and ten families per stairwell. I further understand that the housing office cannot guarantee the quarters I am assigned to were not previously occupied by a family that smoked or had pets, and these conditions may aggravate allergies, asthmatic conditions or sensitivity to noise.

\_\_\_\_\_ I am required to keep the housing office advised of any changes in my application (i.e., family members, PRD, rank/rate, etc.).

\_\_\_\_\_ I fully understand, if there are charges owed for damages beyond normal wear and tear and I do not willingly accept responsibility for payment, a DD 139 (automatic payment deduction) may be forwarded to my command for collection.

\_\_\_\_\_ I am not shipping weapons in my household goods shipment and fully understand that I must comply with COMICEDEFORINST 2060.1-STD pertaining to possession and use of weapons in Iceland.

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Applicant's Signature

Date

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Name of Applicant

**Please Print**